

JAN 12 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)
In this community 7 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME ANNA E HORNER 65 1/2
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 9
year 1939 hour 1:30 minute A M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Amos 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug (Month) 2 (Day) 1864 (Year)

21. I hereby certify that I attended the deceased from November 24th, 1939, to Dec 8, 1939; that I last saw her alive on Dec 8, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 4 Days 7 If less than one day hr. _____ min. _____

Immediate cause of death Apoplexy - Chr. Degeneration & heart failure
Due to _____
Due to _____
Duration 2 wks

9. Birthplace Carmichaels Penna
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions 121
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Unknown
13. Birthplace " "
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " "
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mary Seerick
(b) Address Joplin, Missouri
17. (a) Removed (b) Date thereof 12-10-39
(Reason, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carmichaels Penna
18. (a) Signature of funeral director Thomhill Miller
(b) Address Joplin, Mo
19. (a) 12-10-39 (b) Ed J. Janner
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature Ed J. Janner (M. D. or other) _____
Address Joplin, Mo Date signed 12-9-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-154

Date Filed JAN 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

David Miller....., Registered Apprentice No.....
working under my personal supervision.

Signed..... David Miller

Licensed Embalmer No. 3898

P. O. Address..... Joplin, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.